

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

HC  
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>14016</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>WERNER</b> <b>KOBY</b> P.O. Box, Bldg., Room No., if any Street <b>76 PLEASANT HILL RD</b> City <b>MOUNTAINVILLE</b> State <b>New York</b> ZIP Code + 4 <b>10953</b>	4. Name, file number, and address of labor organization. Name <b>PLUMBERS AFL-CIO LOCAL UNION 373</b> Labor Organization File Number <b>022-477</b> P.O. Box, Building and Room Number, if any Street <b>76 PLEASANT HILL RD</b> City <b>MOUNTAINVILLE</b> State <b>New York</b> ZIP Code + 4 <b>10953</b>
5. Position in labor organization. <b>BUSINESS AGENT</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Werner Koby*

On

**8/11/05**  
Date

**845-534 1050**  
Telephone Number

Name of Person Filing	WERNER KOBY	File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>9. Business deals with:</p> <p>a. Labor Organization <input type="checkbox"/></p> <p>b. Trust <input type="checkbox"/></p> <p>c. Employer <input type="checkbox"/></p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>11.a. Nature of such dealing. _____</p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <hr/> <p>12.a. Nature of interest held or income received. _____</p> <hr/> <p>12.b. Amount. _____</p>

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name LOCAL UNION 373 BENEFIT FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 76 PLEASANTVILLE RD.

City NEW YORK

State New York ZIP Code + 4 10953

14.a. Nature of payment.

TRAVEL REIMBURSEMENT -- FOR CONFERENCE

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$1,893

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ALLIANCE BERNSTEIN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1345 AVENUE OF THE AMERICAS

City NEW YORK

State New York ZIP Code + 4 10105

14.a. Nature of payment.

ENTERTAINMENT -- GOLF OUTING

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$244

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name JOINT APPRENTICE TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street PO BOX 58

City MOUNTAINVILLE

State New York ZIP Code + 4 10953

14.a. Nature of payment.

CASH REIMBURSEMENT FOR CONFERENCE, HOLLYWOOD FL

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$2,768